Organised by:

IASTAM
INDIA

# THIRD INTERNATIONAL CONGRESS ON TRADITIONAL ASIAN MEDICINE

IASTAM

## SOUVENIR

**4th-7th January 1990 Bombay, India**

*Co-Sponsored by*

**World Health Organisation (WHO)**
**Central Council of Research In Ayurveda & Siddha, Delhi**
**University of Bombay, Bombay**
**Gujarat Ayurveda University, Jamnagar**
**Banaras Hindu University, Varanasi**
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# WELCOME

Dear Delegate,

We are very happy that you have accepted our invitation to join the Congress as a delegate.

We take pleasure in welcoming you to this great city of Bombay. India is one of the oldest civilisations, second largest populated country, with great opportunity for tourism and with varied climatic and linguistic States.

We have exercised all possible care in arranging the Scientific Sessions and affording the delegates to interact on this important subject of Traditional Asian Medicine, which has important role to play in the Health for All.

We have made efforts to look after your conveniences by arranging accommodation for foreign delegates in hotels of International standards. All the sessions have been arranged at one place and close to each other, instantly to attend the session of one's own interest.

A Banquet on January 4, and Cultural Evening on January 5, will provide opportunities to have a glimpse of folk dances of India and to interact with each other informally. These events have been arranged in walking distance from the site of the main Congress.

It is a rare honour we have received that the Chief Minister of Maharashtra State and his other Colleagues have associated themselves with this important event at Inauguration of the Congress and at the Banquet.

Many of our foreign guests are visiting this country for the first time. Majority of the airlines reach Bombay at midnight or early morning. We have made special arrangements to receive them and transport them to their hotels.

We must take this opportunity to thank all those who have helped us in organising this Congress. We are thankful to you for participating in this Congress.

We are grateful to World Health Organisation, Bombay University, Gujarat Ayurvedic University, Jamnagaar, Aligarh Muslim University, Banaras Hindu University and Central Council For Research In Ayurved & Siddha, Government of India, for co-sponsoring the Congress.

Many thanks to Bhor Industries, Zandu Pharamceuticals, Air-India, and others for giving gifts to delegates. Many institutions have given advertisements in the Souvenir and have taken stalls at the Exhibition. We are thankful to all of them.

We are thankful to Government of India and Government of Maharashtra for help, co-operation and assistance.

Our thanks to International Association for The Study of Traditional Asian Medicine, its Indian Chapter and their Office Bearers. Our thanks to members of Scientific Committee and other committees, for their untiring efforts and hard work.

Many thanks to Shri Hasmukhbhai Upadhyay, Member of the Legislative Council, Maharashtra, Shri Ramkrishna Bajaj and Mr. Natrajan of the Bhor Industries.

Our Reception Committee members deserve special thanks for supporting us.

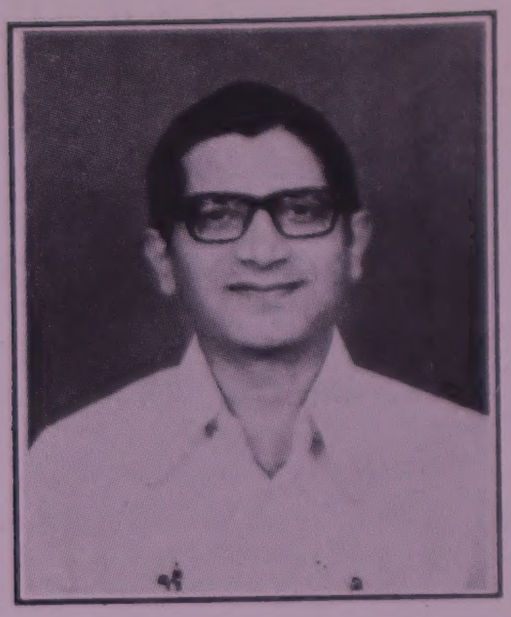
We wish you all a pleasant time in Bombay.

**R.K.MUTATKAR**
SECRETRAY

**K.M. PARIKH**
CHAIRMAN

ORGANISING COMMITTEE

## From the Desk of Chairman, Souvenir Committee
Dr. S. P. Kinjawadekar



It gives us immense pleasure to present this Souvenir to the Delegates and Guests attending the IIIrd International Congress on Traditional Asian Medicine being held at Hotel Oberoi Towers, Bombay from 4th to 7th January 1989.

It is for the first time that the International Congress of IASTAM is being held in India. The first Congress was held at Canberra, Australia in 1979 followed by the 2nd Congress at Surabaya, Indonesia in 1984.

Traditional Medical Systems have received due importance in Primary Health Care to achieve Health for all. In view of the WHO target - by 1995 countries in which Traditional Medicine is widely practised will have considered its role in relation to their health care delivery system, Traditional medical systems have a larger & more use for role to play in future.

In the Souvenir the readers will find interesting and useful information about the various traditional medical systems practised in India and other Asian countries. The information is authentic as it is collected from the Govt. of India publication and some WHO publications.

We are thankful to all advertisers who booked space in this souvenir. Dr. S.S.Tambe, Dr. A.n. Raut, Vd. PunarvasuAgnihotri and other members of the committee have done a good job in collecting advertisements and booking stalls for exhibition.

The committee is thankful to Prof. P.U. Unschuld, President and to Dr. Weiss, Secretary General, IASTAM for their messages for the 'Souvenir'. Dr. K.M.Parikh, Prof. R.K. Mutatkar Dr. N.S. Bhatt, Shri S.S. Dalal & Shri Gujar have always been very helpful to us. We are also thankful to Unity Printing Press for bringing out this Souvenir in time.

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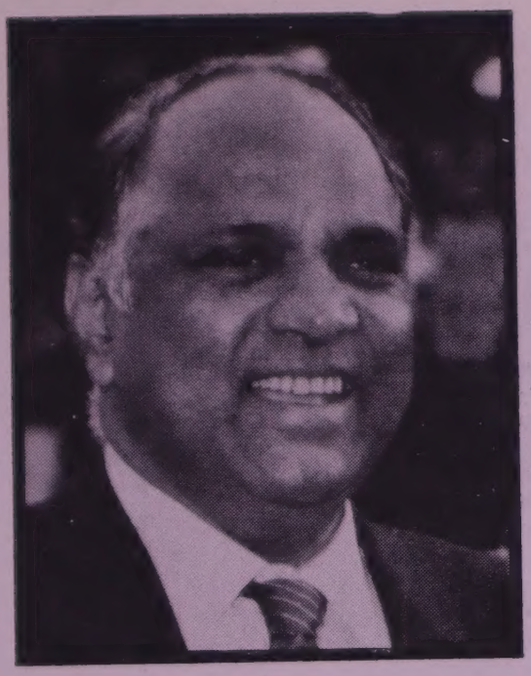

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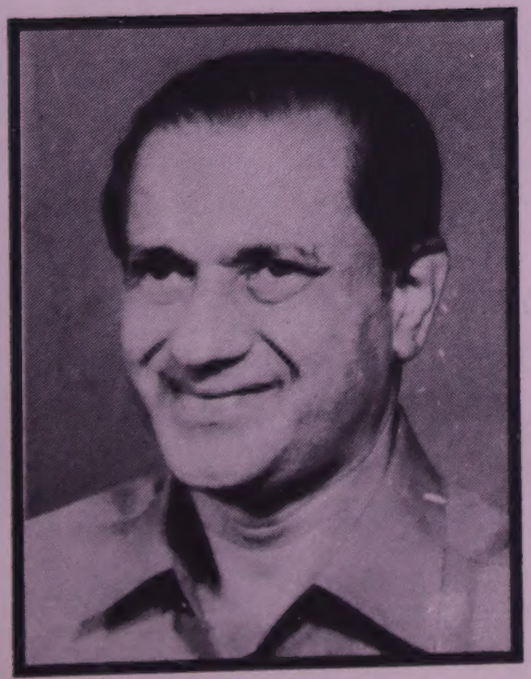
Exhibition



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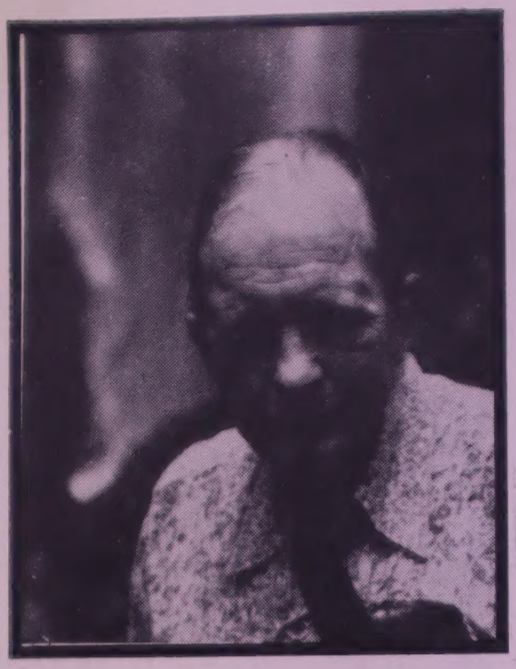

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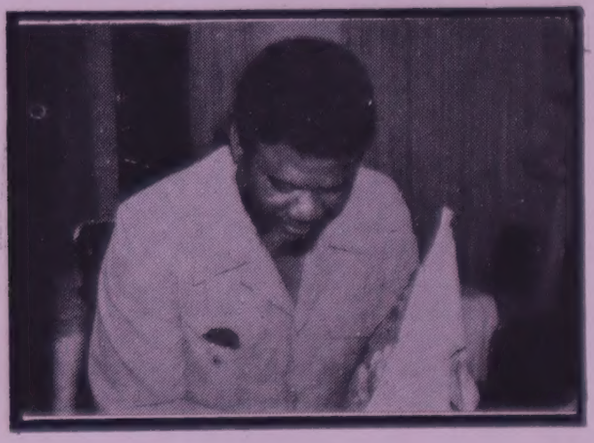
Founder President of IASTAM



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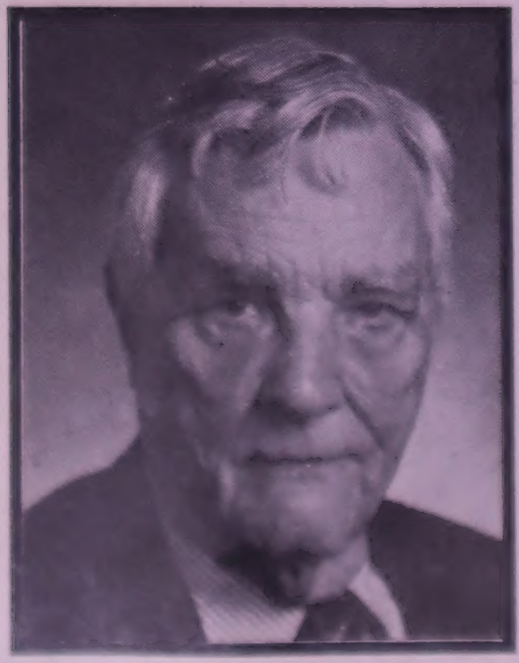

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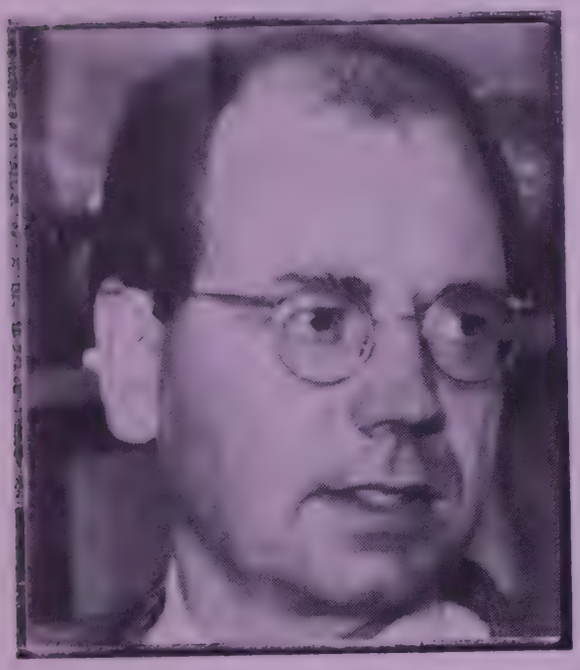

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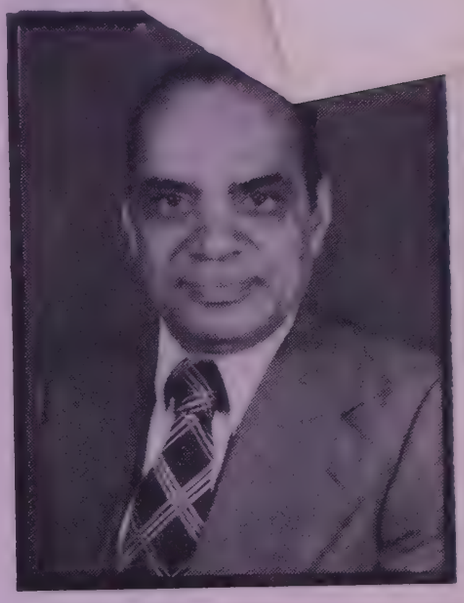

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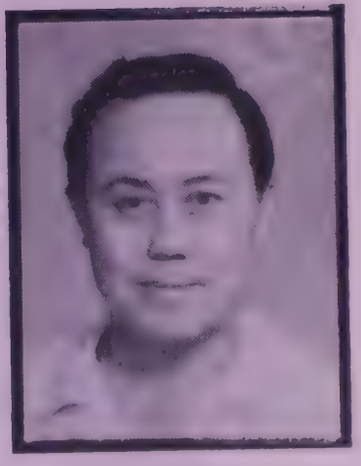

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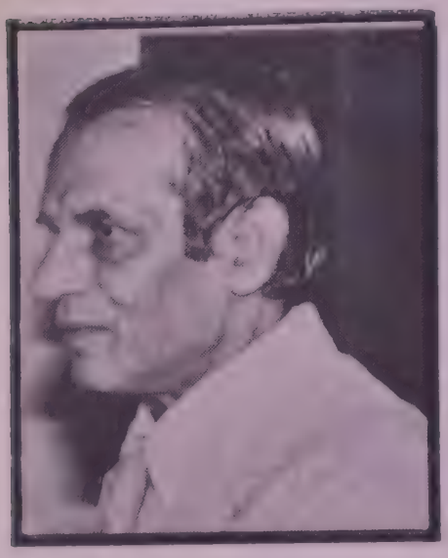

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# GLIMPSES of First Asian Conference of IASTAM INDIA 1983

**Hon. Shri Vasantdada Patil,**
Chief Minister of Maharashtra being presented a bouquet by **Dr. K. N. Udupa,**
President of IASTAM India


**Prof. Ram Joshi,**
Vice-Chancellor, Bombay University speaking in a Symposium

Hon. Dr. Lalita Rao, Minister of Health, Maharashtra, Dr. C. L. Jhaveri, Dr. K. N. Udupa, Vd. S.K. Mishra & Prof. A. N. Namjoshi

A section of the learned audience

# On IASTAM

After millennia of rather separate cultural developments, Eastern and Western civilizations are engaged, as a result of the economic, political, and technological changes of the past two centuries, in an exchange of goods and ideas, of material and immaterial resources, that is unprecendented in history. Thoughts and merchandise have travelled from East and West and likewise from West to East for more than two thousand years already, but the intensity of cultural communication, as we witness it today, goes far beyond the rather sporadic nature of contacts and exchanges in the past. The prospect of a future convergence of hitherto more or less independent civilizations may be welcomed by some, and it may appear dreadful to others, but regardless of the final outcome of the contemporary rapprochement between East and West, it offers a novel opportunity to learn from each other, and to share the wisdom that has been accumulated though the ages in each culture, in each nation, and in each society respectively.

Medicine touches on the very fundamentals of human existence, and it should be one of the most rewarding aspects of current and future East-West communications to advance towards a better understanding of each other's health care traditions. IASTAM was founded to provide an organizational framework designed to improve the exchange of informations, insights, opinions, and experiences among all those who, for whatever academic, administrative or practical reasons, have a scholarly interest in the study of traditional Asian medicine. IASTAM has growen, over its first five years of existence, into a world-wide association, uniting scholars from a wide range of disciplines among its members. Although many persons appear to have joined IASTAM because previous studies and experiences have convinced them of a continuing value of traditional Asian medicine in contemporary health care, IASTAM as an association supports solely the study of the various Asian medical traditions, and leaves it entirely to its members to define the motives and goals of their studies.

Consequently, and this has become impressingly obvious at ICTAM II in Surabaya in September, 1984 IASTAM has developed into a uniquely interdisciplinary association, with members defining themselves as anthropologists, and sociologists, as well as medical scientists, practitioners, and administrators from virtually all nations of the Asian, Australian, European, and American continents. ICTAM II has demonstrated, furthermore, that the heterogeneity of the membership of IASTAM is one of its major assets, and should be seen as a real advantage in that it offers a rare opportunity to exchange views and to communicate across those narrow disciplinary boundaries hampering the flow of knowledge so often today. An interdisciplinary and cross-cultural exchange of views and knowledge shall remain a major goal of IASTAM in the future, and the newly elected and appointed officers and council members of IASTAM, representing as many scholarly disciplines, and as many Asian medical traditions as possible, are asked to contribute their resources to this effect. The semi-annual newsletter, regional symposia on specific topics, and the comprehensive congresses every four to five years, as well as other activities, shall result in an ever improving understanding of traditional health care in Asia, past and present.

PAUL U. UNSCHULD
President of IASTAM

# Indian Association For The Study of Traditional Asian Medicine

-R. K. Mutatkar General Secretary (IASTAM - India)

The First International Congress on Traditional Asian Medicine was held at Australian National University, Canberra from 2-7 September 1979 under the auspices of the World Health Organisation. The Congress was convened by an eminent Indologist, Prof. A. L. Basham at the Department of Asian Civilisation. The International Association for the Study of Traditional Asian Medicine was formed during the Congress.

The principal objects of this International Association have been to promote the study of Traditional Systems of Medicine of Asia and North Africa in all aspects, to organise International Conferences at regular intervals and to otherwise encourage exchange of information between scientists and scholars. The Indian Association for the Study of Traditional Asian Medicine was formed in 1980 under the leadership of the late Pandit Shiv Sharma. The Indian Association adopted the objectives of the International Association which are given in the preamble to the Constitution as under:

In every ethnic group there exists a traditional health care system which is culturally patterned. In traditional societies, this is the first line of defence in health care. The contribution of traditional health care has gained the full recognition of the World Health Organisation. It is in the interests of the people that traditional medicine should be fully exposed in its ethno-historical social, cultural and scientific context. In a country like India there exists a great tradition of Health Systems enshrined in various scriptures and texts. There also exists folk medicine practised in tribal and rural homes. Constant interaction between the great traditions which taught and transmitted in traditional and institutionalised medical schools and the local traditions of the simple folk needs to be studied. It may be necessary to develop a distinct methodology for research in Traditional Asian Medicine since the methodology of cosmopolitan medicine may not be found wholly suitable for the purpose. A national forum is therefore needed where the traditional health care systems can study their constituent components and communicate across linguistic and territorial barriers.

Besides traditional therapies, the allied disciplines and other techniques [illegible] connected with tradition such Sanskrit, History, Philosophy, Botany, Anthropology, Psychology, Yoga would have to play an important role in the study of Traditional Asian Medicine.

The aims and objects of the Indian Association:

a) To study and promote the traditional medical systems in all their aspects
b) To promote teaching, research and publication in traditional medical sciences
c) To co-ordinate the academic, therapeutic, pharmaceutical and research activities of traditional medical systems in India and encourage the same abroad.
d) To explore ways and means for promotion of traditional Asian Medicine in the activities of Governmental and non-Governmental organisations.
e) To establish and promote contacts of IASTAM India with National and International organisations having similar objectives.

f) To organise conferences seminars, symposia refresher courses training programmes, etc. on various aspects of traditional Asian medicine.

g) To represent and participate in conferences, seminars, etc. organised by similar National and International Bodies.

h) To affiliate this body with any other International Body with identical aims and objects.

IASTAM -India had organised Asian Conference on Traditional Asian Medicine in Bombay from 6-9th March 1983.

The Second International Congress on Traditional Asian Medicine was organised by Airlanga University at Surabaya, Indoneisa in September 1984. The Third Congress is being organised in Bombay in January 1990.

The Theme of this Congress is -
The Pluralistic Character of Traditional Asian Medicine.

Topics to be discussed are:
1. Theory and practice of health carre in antiquity and the middle ages.
2. Theory and practice of health care in recent centuries: 1600 to 1900.
3. Professionalisation of Asian Medicine in the 20th century.
4. Primary Health Care and traditional medicine since World War II.
5. Relations between private and public sectors of health care services in current practice.
6. Social and cultural research on traditional medicine.
7. Biomedical research on efficacy of traditional medicine and therapy.
8. Commercial production and sale of traditional medicine.
9. Pharmacognostical studies of traditional medical drugs.

As many as 150 foreign and 400 Indian delegates have registered as delegates and 325 research papers have been submitted for discussion.

One of the highlights of the Third Congress is the award in memory of the late Mr. A.L. Basham founder of the International Association for the study of traditional Asian Medicine.

The A.L. Basham Medal Committee headed by Paul U. Unschuld Charles Leslie has elected Professor Yamada Keji of the Research Institue for Humanistic Studies of Kyoto University in Japan, and Dr. G.J. Meulenbeld, retired Professor of Indology of the University of Groningen, the Netherlands, as first two scholars to be thus awarded the A.L. Basham medal for their scholarly work, on he occasion of ICTAM III in Bombay, Janury 4-7, 1990.

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# Reflection on two ICTAMS

## A.L. Basham

The very successful second ICTAM at Surabaya to me was particularly gladdening, because I had been largely responsible for calling the first ICTAM in 1979, and I was more than happy to see that the modest conference we had held in Australia had borne fruit in a larger and more elaborate one.

The idea of holding such a conference was inspired in the first instance sometime in 1977 by a research student, Ken Zysk, who was then working at the Australian National University under my supervision on the theme of Vedic medicine. He suggested that I should organize an international seminar on Ayurveda. The idea seemed intrinsically a good one , but at that time in Australia there was little interest in Indian traditional medicine at the universitites, and thus I could not foresee much support for such a seminar. On the other hand, there did seem the possibility of support in Australia for a wider conferencee, covering all aspects of traditional medicine in Asia.

So, rather nervously, I called a meeting, consisting mainly of members of the staff of the ANU. They showed surprising enthusiasm for the proposal, and formed themselves into an organizing committee. We obtained the approval of the Vice- Chancellor of the University, and set to work to raise funds and to give the conference preliminary publicity. Our attempts at raising funds were not very successful. The international foundations which generally aupport such ventures were not very interested, most of them no doubt frightened away by the fact that the conference was being organized on an ad hoc basis, and had not been initiated by a learned society, either international or national. But the WHO encouraged us, and the Australian Government was not unsympathetic. So we managed to raise enough money, in cash and promises, to hold a modest conference, and plans went ahead. Despite setbacks and disappointments, the conference secretary, Jacqueline Holyoake, worked wonders, showing intense enthusiasm and efficiency, and Bob Kirk, the treasurer, juggled with non-existent fund in a masterly manner.

Response to our announcements was larger than we had expected, and when the conference opened we found that we had about 300 members, coming from all the five continents. The first ICTAM could offer none of the luxury of Surabaya. It was the time of the Australian spring vacation, and most of the members had to put up with the comparatively spartan condition of the University's halls of residence. Conditions were not improved by the weather. The climate in Canberra during early spring is unpredictable. Often the days are warm and sunny, but in 1979 September was cold, windy and wet. Moreover, most of the members of the conference came from the Northern Hemisphere at the end of the northern summer, and thus they must have found the contrast in temperatures particularly trying.

Yet the atmosphere seemed invariably cheerful and enthusiastic. We received many minor criticisms on points of detail from the members, but nobody to my knowledge declared that the conference was not worth while. The quality of the papers varied considerably; some were quite brilliant, and others definitely less so. Probably the most surprising paper came from an Indian dentist who explained his method of painless tooth extraction without anaesthetics. He wanted to

give a demonstation, but (putting aside legal complications) nobody could be found to volunteer as his patient. Unfortunately, after the conference, hardly any of the speakerrs presented us with the text of their papers, and this is the main reason why the publication of the proceedings of the conferrence has proved imposible.

Despite setbacks, the first ICTAM must be counted as a success. It ended on a note of real enthusiasm, when, at the final general meeting, IASTAM was founded. Charles Leslie accepted the secretaryship without undue arm-twisting, and he, more than anyone, has been responsible for ensuring the survival of the Association, in the face of difficulties, financial and otherwise, which it would be tedious to discuss.

Now, after the Surabaya conference, the future of IASTAM seems assured. With a membership much larger than that of the first, and held in much pleasanter surroundings and on a much more lavish scale, the second ICTAM has served to establish IASTAM as something more than a merely ephemeral organization, but a body of dedicated scholars who have something very significant to give to the world of learning. Charles Leslie and myself, who were,so to speak, the midwives of the Association, have relinquished our posts to new and younger officers, who will no doubt develop it in fresh directions and will ensure that it will grow in importance with the years. As the second ICTAM broke up, I felt very proud of the indirect hand I had in bringing about such a successful and pleasant gathering of scholars, so efficiently and warm-heartedly organized by our Indonesian hosts.

The Second International Congress on Traditional Asian Medicine (ICTAM II), held at Surabaya last September, was attended by 495 participants coming from 24 countries; 127 papers were read, abstracts of which were published in the form of a book of 200 pages. The magnificent organization and festivities offered by Airlangga University and the Authorities of the Republic of Indonesia were enthusiastically acclaimed by all participants. In the wake of this congress, new regional chapters of IASTAM are being established, first, in Indonesia itself, then in Korea, in the Philippines, in North America.

# Message from Prof. P.U.Unschuld

*President, IASTAM International*

The International Association for the Study of Traditional Asian Medicine (IASTAM) was founded in Australia in 1979 by the late Indologist Prof. A.L. Basham. Ever since, IASTAM has continually grown to become the largest association of individuals united by a common interest in Asian knowledge on health care, and related sciences. IASTAM is represented by members in virtually every Asian country as well as in most European countries and in the USA, in Australia and New Zealand.

IASTAM is unique not only because of the size but also because of the heterogenetity of its membership. IASTAM has been able to attract scholars motivated by an interest in the clinical application of Asian medicine, as well as researchers focussing their attention on the history, the language, the cultural background, and the social implications of traditional Asian medicine. In these times of a steadily increasing interest in traditional Asian medicine and related sciences, it is most essential to have an association where a health agency has an opportunity to listen to the views and experiences of indiginous practitioners applying Asian ways of health care along the lines of tradition. These practitioners may wish to communicate with non-Asian clinicians who adopt traditional Asian knowledge, starting from a background of Western medicine and science. Such an adoption of traditional Asian knowledge will remain superficial and incomplete, though, if it is not accompanied by a careful analysis of its basic values. Hence a dialogue is needed between clinicians and anthropologists. Research into ancient and contemporary books and manuscripts is required; linguists and historians have the tasks of tracing the emergence, domination, and disappearance of ideas in history, and of making Asian texts available to contemporary Asian and non-Asian readers.

Some scholars and clinicians from East and West will conduct individual work aimed at questions individuals may direct at knowledge and practices of one's own or foreign cultures. Some scholars and clinicians will work together to find answers to issues in science or health care, transcending the concern and potentials of individuals, and affecting larger groups or entire populations.

IASTAM, and in particular its regularly organized international congresses, provide an excellent forum for the exchange of opinions and research results among all the groups mentioned and others. It is only within IASTAM that individuals or groups convinced of the continuing value of traditional Asian medicine in clinical application meet with others who are highly sceptical but have a research interest nevertheless. It will be wise of IASTAM to maintain this diversity of membership interests in the future.

Traditional Asian medicine and related sciences offer a most fascinating array of research avenues. Now that modern means of communication and transportation allow for an easy exchange of humans, and their ideas and worldviews, among civilizations that were far apart from each other both culturally and geographically until recently, cross-cultural eclectic and syncretistic tendencies in health care emerge everywhere.

After medical knowledge was exchanged between Asia and Europe as early as the seventeenth century, we have witnessed over the past one hundred and fifty years a most remarkable adoption of Western medicine in Asia, and of Asian medicine in Western countries. Obviously, populations both in Western and in Asian countries are moving towards greater diversity. No longer is it possible to speak of traditional world views as dominating entire culture spheres. People both in the West and in the East, discover each other's contributions to the world history of health care, and in both culture spheres some people continue to adhere to their local traditions, while others feel more attracted by notions introduced from afar.

In this situation we find the entire range of attitudes that man is able to develop. Curiosity and scholarship, arrogance and rejection, love and belief, self-denial or chauvinism, and many other emotions and behavioral variations characterize the ongoing encounter with notions that must be considered strange in comparison to those one may have held traditionally. It is only through intensive and prolonged research that false contradictions are eliminated and genuine differences are discovered, that parallels are recognized and that unfamiliar concepts are identified. At the begning of such research, no one should believe to hold the truth, and everyone should allow to have even timeless and well established convictions examined.

For millennia, India has been a continent where cultures of different origins have met and merged. As President of IASTAM I am most grateful to the Indian chapter of IASTAM for offering Bombay as venue of the forthcoming Third International Conference on Traditional Asian Medicine. I am sure, ICTAM III will provide an excellent opportunity to demonstrates a genuine interest of all members of IASTAM, and of our Indian hosts in the study of Asian medicine in all its scholarly and clinical aspects.

# Dr. Mitchell Weiss, Secretary General, IASTAM

*IASTAM Souvenir Essay*

The development of Asian medical traditions extends over a long period, millennia, and it continues in the present day. The interest of scholars outside these traditions has necessarily been a much more recent phenomenon. Consider, for example, that H.H. Wilson presented the first philological analysis of Sanskrit textual sources of Ayurveda in 1824 to the Medical and Physical Society of Calcutta. Notwithstanding a solid base of scholarly research, study of medical traditions has commanded less attention than other aspects of Asian civilizations, such as philosophy, religion, law, and literature.Emerging interests of philologists, historians, social scientists and health professionals emphasize the importance of research on traditional Asian medical systems and contributions this research may offer to the study of Asian civilizations, to developments in a range of academic disciplines, and to an analysis of the practical implications of medical practices, illness behavior and the quality of health care.

The establishment of IASTAM a decade ago after the first International Conference on Traditional Asian Medicine (ICTAM) in Canberra, Australia was an outgrowth of these emerging interests. Professor A. L. Basham, founder of IASTAM and a giant among Indologists, turned his attention to study of Ayurveda late in his career. Just before retiring from his position as Head of the Department of Asian Civilizations at the Australian National University, he organized the first ICTAM in 1979 to bring a diverse group of scholars and practitioners together. Their aims were to assess the state of current research on Asian medicine and to stimulate further research of high quality in the field. The meeting was a great success, so much so that the participants would not permit it to end and be forgotten. They surprised Professor Basham with their petition for the establishment of a permanent organization to continue working toward the goals of the conference, and IASTAM emerged as a product of that meeting. The aims of the conference were codified in the Constitution of the new organization:

"To promote and encourage the study of traditional medicine, including both the 'classical' systems and local and tribal traditions, in all their aspects - historical, philosophical, anthropological, sociological, and scientific.

A second ICTAM in 1984 invigorated the organization. With chapters throughout the world engaged in various levels of activity, IASTAM aims to provide a forum in its international and regional conferences to present and stimulate research in the field. Francis Zimmermann has also transformed the Newsletter into an informative, substantial publication.

The mix of institutions co-sponsoring ICTAM-III underscores further the diversity of the organization and the interests it represents. Bombay University is the largest institution of higher learning in the city; but it does not emphasize medicine, and its campus includes neither an allopathic nor Ayurvedic medical college. Banaras Hindu University is a major teaching and research center in North India, with a full range of academic programs, including research and training programs in both allopathic and Ayurvedic medicine (which K. N. Udupa, one of IASTAM's vice-presidents, initiated). Gujarat Ayurved Mahavidyalay remains exlusively a teaching and research center for Ayurveda. The World Health Organization supports the largest network of health-related research and planning activities in the world.

IASTAM includes a similarly diverse membership. Merely identiying the organization as "interdisciplinary," however, fails to capture the extent of this diversity. A number of academic professional organizations, interest groups, and regional studies programs are also interdisciplinary. IASTAM brings professional scholars and practitioners together with a common agenda: to advance the study of traditional Asian medicine. While analogues may exist in such fields as literary criticism, art history and musicology, in which professional organizations include authors, artists or musicians, and these practitioners may also be scholars. But such relationships are less common in the social sciences and medicine, and they are inconceivable in history and philology. The benefits that arise from interactions among a diverse membership constitute a great strength of IASTAM, though occasionally a source of confusion as well.

IASTAM's constituency is engaged in the study of classical textual traditions; the impact of current practices from social, cultural and clinical perspectives; the social, intellectual and ecological context of traditional Asian medicine; and the historical processes that give rise to continuity and change. ICTAM-III will provide an opportunity for representatives of this broad range of interests to chart a course for further research in the coming years, as participants meet and discuss their current activities, identify significant gaps in their respective fields and make plans to respond.

Over the past five years, I have appreciated the opportunity to serve IASTAM and to work with the current officers and council. Paul Unschuld has been a dynamic and congenial President, and I have thoroughly enjoyed working with him. I am especially grateful to Charles Leslie for his help when I assumed office and for his continuing assistance. As I have seen the plans for ICTAM-III develop and attract an ever broader group of respected scholars, and as a highly capable administration of new officers takes charge, I am confident of a bright future for IASTAM and progress in the continuing pursuit of its objectives.

# WHO : On Traditional Medicine

**WHO Target**

"By 1995 countries in which traditional Medicine is widely practised will have considered its role in relation to their health care delivery system."

In 1977 the 30th World Health Assembly adopted a Resolution (WHA 30. 49) urging interested Governments to give adequate importance to the utilization of their traditional systems of medicine with appropriate regulations as suited to their National Health Systems.

**Nature goal and scope of traditional medicine**

The WHO Committee Meeting held that all medicine is modern in so far as it is satisfactorily directed towards the common goal of providing health care, despite the setting in time, place and culture. In this light, it was observed that the essential differences among the various systems of medicine arise not from the difference in the goal or effects, but rather from the cultures of the peoples who practise the different systems. It was further stated that traditional medicine is nothing new, since it has always been an integral part of all human cultures. However, as traditional medicine in some developing countries has tended to stagnate through not exploiting the rapid discoveries of science and technology for its own development, it has kept a slow pace of change in comparison with medicine as practised in the industrialized countries, which keeps abreast of scientific and technological innovations to the extent that it is often exlusively referred to as modern medicine.

It was observedthat many professional health personnel had often tended to regard traditional medicine as a practice on the decline and of no importance, and that this was a serious fallacy in so far as culture itself, of which traditional medicine was an integral part, was neither static nor dead.

## Reasons for the promotion of Traditional Medicine

**Intrinsic qualities**

Since traditional medicine has been shown to have intrinsic utility, it should be prooted and its potential developed for the wider use and benefit of mankind. It needs to be evaluated, given due recognition and developed so as to improve its efficacy, safety,availability, and wider application at low cost. It is already the people's own health care system and is well accepted by them. It has certain advantages over imported systems of medicine in any setting because, as an integral part of the people's culture, it is particularly effective in solving certain cultural health problems. It can and does freely contibute to scientific and universal medicine. Its recognition, promotion, and development would secure due respect for a people's culture and heritage.

**Approach -unique and holistic**

Traditional medicine has a holistic appraoch -i.e. that of viewing man in his totality within a wide ecological spectrum and of emphasising the viewpoint that ill health or disease is brought about by an imbalance, or disequilibrium, of man in his total ecological system and not only by the causative agent and pathogenic evolution.

**Operational factor**

Theses are some of the main reasons why traditional medicine needs to be promoted and developed. Perhaps, from the operational point of view, the most cogent reason for radical development and promotion of traditional medicine is that it is one of the surest means to achieve total health care coverage of the world population, using acceptable, safe and economically feasible methods, by the year 2000.

**Guidelines for integrating traditional medicine into primary health care**

1. Giving recognition to traditional practitioners and incorporating them into community development programmes.
2. Retraining traditional practitioners for appropriate use in primary health care.
3. Acquainting professional health personnel and students of modern systems with the principles of traditional medicine in order to promote dialogue, communication, mutual understanding and eventual integration.
4. Educating the community to believe that the provision of traditional remedies is not second-rate medicine.
5. Cataloguing all medicinal plants in a country or region and disseminating the inoformation thus compiled.
6. Retainig the traditional forms and names of prescriptions whenever traditional medicines are adopted for use in primary health care, and carrying out relevant research into the traditional systems of medicine.

## Integration of Traditional and Modern Medicine

**The concept of integration**

Several countries now consider the concept of integration a reality that could be achieved in the foreseeable future.

Effective integration, like that of the Chineses experience, entails a synthesis of the merits of both the traditional and the so-called "western" or modern systems of medicine through the application of modern scientific knowledge and techniques. It requires a flexible system capable of accommodating individual skills and varying levels of knowledge and education, an insufficiency of resources, and a diversity of supportive technologies, particularly for primary health care.

In order to achieve this, it is necessary to ensure mutual respect, recognition and collaboration among the practitioners of the various systems concerned.

**Advantages of integration**

Integration was considered worth while because of the following advantages: a) it offers reciprocal benefit to each system; b) it improves the general health care knowledge for the greater welfare of mankind, especially in view of the inherent possibilities for wider and more efficient population coverage; c)It enhances the quality of the practitioners as well as increasing their numbers.; d) it promotes the dissemination of knowledge relating to primary health care; and e) above all, it offers the best means of achieving the goal of health are for the entire population by the year 2000.

(extracts from WHO-Booklet -1978)

# Ayurveda - Science And Philosophy of Life

## 1. Origin and History

This system originated in India about 3000 years ago. The term Ayurveda means 'Science of Life'. It deals elaborately with measures for healthful living during the entire span of life and its various phases. Besides dealing with principles for maintenance of health, it has also developed a wide range of therapeutic measures to combat illness. These principles of positive health and therapeutic measures relate to physical, mental, social and spiritual welfare of human beings. Thus, Ayurveda becomes one of the oldest systems of medicine dealing with both the preventive and curative aspects of life in a most comprehensive way and presents a close similarity to the WHO's concept of health.

A perusal of its several classical treatises indicate the presence of two schools of Physicians and Surgeons and eight specialities. These eight subject specialities are:

* Internal Medicine (Kayachikitsa)
* Paediatrics (Kaumarbhritya)
* Psychological Medicine (Trahchikitsa)
* Otorhinolaryngology and Ophthalmology (Shalakya Tantra)
* Surgery (Shalya Tantra)
* Toxicology (Agada Tantra)
* Geriatrics (Rasayan Tantra)
* Eugenics and Aphrodisiacs (Vajikarana Tantra)

Standard text-books on these subjects were written by specialists. These were used for teaching of Ayurveda in the ancient universities of Takshashila and Nalanda.

## 2. Concepts

### a. The Body Matrix

Life in Ayurveda is conceived as the union of body, senses, mind and soul. The living man is a conglomeration of three humours, seven basic tissues and the waste products of the body such as faeces, urine and sweat. Thus the total body matrix comprises of the humours, the tissues and the waste products of the body. The growth and decay of this body matrix and its constituents centre around food which gets processed into humours, tissues and wastes. Ingestion, digestion, absorption, assimilation and metabolism of food have an interplay in health and disease.

### b. Panchamahabhutas

According to Ayurveda, all objects in the universe, including the human body, are composed of five basic elements (Panchamahabhutas), namely: Earth, Water, Fire, Air and Sky. There is a balanced condensation of these elements in different proportions to suit the needs and requirements of different structures and functions of the body matrix and its parts. The growth and development of the bdoy matrix depends on its nutrition, i.e. on food. The food, in turn, is composed of the above five elements, which replenish or nourish the like elements of the body.

c. **Health and Sickness**

Health or sickness depends on the presence or absence of a balanced state of the total body matrix, including the balance between its different constituents. Both the intrinsic and extrinsic factors can cause a disturbance in the natural equilibrium, giving rise to disease. This loss of equilibrium can happen by the type of food contents, undesirable habits and non-observance of rules of healthy living. Seasonal abnormalities, exercise or improper application of the sense organs and incompatible actions of the body and mind can also result in creating disturbance of the existing normal balance. The treatment consists of restoring the balance of disturbed body matrix through regulating diet, correcting life routine and adminsitration of drugs etc.

3. **Diagnosis**

In Ayurveda diagnosis is always done of the patient as a whole. The physician takes a careful note of the patient's internal physiological characteristics and mental disposition. He also studies such other factors as the affected body tissues, humours, the site at which the disease is located, patient's resistance and vitality, his daily routine, dietary habits, the gravity of clinical conditions, condition of digestion and details of other social, economic and environmental situation of the patient. The diagnosis also involves the following examinations:

* Pulse examination
* Urine examination
* Examirtaion of the faeces
* Examination of tongue, eyes and general body structure,including tactile stimulation

4. **Treatment**

The basic therapeutic approach is: that alone is the right treatment which makes for health and he alone is the best doctor who frees one from disease. This sums up the principle objective of Ayurveda, i.e., maintenance and promotion of health, prevention of disease and cure of sickness.

Treatment of the disease consists in avoiding factors responsible for causing disequilibrium of the body matrix or of any of its constituent parts, through use of medicines, suitable diet, activity and regimen for restoring the balance and strengthening the body mechanism to prevent or minimise future occurrence of the disease.

Normally treatment measures involve use of medicines, specific diet and prescribed activity routine. Use of these three measures is done in two ways. In one approach of treatment the three measures antagonise the disease, counteracting the etiological and various manifestations of the disease. In the second approach the same three measures of medicine, diet and activity are targeted to exert effects similar to the etiological factors of the disease process.

The treatment of disease can be broadly classified as:

* Shamana therapy
* Shodhana therapy

* Satvavajaya therapy

* Panchakarma treatment

* Rasayana therapy

## 5. Education

Education in Ayurveda has a rich tradition. It was taught as a scientific subject in the oldest Indian Universities of Takshashila and Nalanda. As mentioned earlier, the subject covered two schools (of physicians and surgeons) and eight specialities.

Standard text-books on each speciality were used in teaching the students. During the British rule this education edifice suffered a rude shock and all teaching of Ayurveda was stopped in favour of education of Western medicine system. Towards the end of the British rule the picture changed.

By the year 1958 there were 76 institutions teaching Ayurveda. Out of these 49 institutions adopted integrated pattern of education. Around this time the universities in the country started taking note of Ayurvedic institutions and seven integrated institutions were affiliated to universities. The academic control of the remaining teaching institutions was by the State Boards constituted by the State Governments.

With a view to streamline education and to evolve uniform standard for the Indian Systems of Medicine, the Government of India set up the Central Council of Indian Medicine by an Act of Parliament - the Indian Medicine Central Council Act, 1970. The Education Committee of this Central Council deals with all matters pertaining to education in Ayurveda. It has evolved a detailed curriculum for the Ayurvedic degree course, with the aim of providing graduates of profound scholarship who would be fully competent to serve as physicians and surgeons in the medical and health services of the country. The Council has also developed the curriculum contents of the post-graduate course.

At present the country has under-graduate colleges in addition to the post-graduate teaching and research institutions of Banaras Hindu University, Gujarat Ayurveda University at Jamnagar and National Institute of Ayurveda, Jaipur. About 23 colleges have facilities for post-graduate education in different branches of Ayurveda. These institutions follow standardised uniform syllabus. The duration of the under-graduate course is 5 1/2 years after scondary education and the doctorate course is a further 3 years after graduation.

## 6. Practice

There are three types of Ayurvedic practitioners.

* Traditionally trained practitioners under the guidance of some expert as apprentices

* Institutionally trained practitioners not exposed to relevant contents of modern medicine

* Institutionally trained practitioners with necessary exposure to modern medicine (integrated)

The practice in this system is being regulated through registration of both institutionally qualified and traditionally trained practitioners recorded in the registers that are maintained by the Government. The Central Council of Indian Medicine has a Registration Committee. This Committee looks into all the matters relating to recognition and inclusion of various medical qualifications as per schedule of the 1970 Act.
The Ayurveda practitioners are closely related to the communities where they practise. Very often they act as opinion leaders in the villages on health, social, economic and political matters. In times of illness they are the villager's first contact. The cost of medicines and their consultation charges are generally lower than those of modern medicine.

7. **Central Council for Research**

A significant step in providing a scientific base was made in the year 1969, when the Government constituted the Central Council for Research in Indian Medicine and Homeocopathy to formulate the aims and patterns of research on scientific lines, so as to clear the systems of any doubtful value and give scientific meaning and significance to the fundamentals of these systems so that they may be accepted by Science.

With a view to provide specific focus to each of the traditional Indian Systems of Medicine, the single composite research council was bifurcated into four councils in 1978, with a view to provide each system maximum opportunity and freedom to develop further, in consonance with the basic philosophies and research methods of the respective systems. Thus in the year 1978, the present apex research organisation, the Central Council for Research in Ayurveda and Siddha was formed as an independent registered body with the following main objectives:

* To formulate aims and patterns of research on scientific lines.

* To undertake, prosecute, assist and share knowledge and experimental measures relating to the cause and prevention of diseases.

* To initiate, aid, develop and coordinate scientific research in fundamental and applied aspects.

* To exchange research information with other institutions, associations and societies having similar interests and objectives.

* To promote and assist institutions of research for the study of diseases, their prevention and cure.

* To prepare, publish and distribute technical research papers, exhibits, periodicals and books, for furtherance of its objectives.

* Research on classical literature, its interpretation and publication.

**Some Research Achievements**

* The Council has taken 16 patents for the processes/preparations arising out of the research studies. Out of these patents three drugs to treat malaria, epilpsy and cancer have been released to commercial entrepreneurs for marketing purposes.

* Brought out tested remedies for a number of clinical conditions.

* Identified new areas of usefulness for existing drugs.

* Large scale studies are being carried out to combat malaria.

* Conducted qualitative and quantitative surveys of different forest areas to unearth the hidden treasure of medico-ethno-botanical wealth.

* Worked out preliminary standards for about 460 Ayurvedic fomulations of different kinds, besides detailed standardisation of 20 preparations.

* Pharmacognostical studies on 135 drugs, chemical studies on 250 drugs and pharmacological studies on about 305 drugs, besides toxicological studies on various drugs used in Ayurveda.

* Published about, publications, including various monographs of scientific interest and importance. The Council is also publishing two quarterly Research Journal/ Bulletin, one half yearly Bulletin and a monthly News Letter.

* Large scale trials are being conducted on a non-steroidal oral contraceptive agent from herbal source.

* Evolved analytical standards for about 675 formulations in the Ayurvedic Formulary of India, Part-I and draft Formulary Part-II.

* Health and medicare research programmes in about 250 villages and about 40 tribal pockets.

8. **Pharmacopoeia**

The Pharmacopoeia of Ayurveda consists of an extremely rich armamentarium (over 8000 recipes) of natural drugs, derived from the herbal, mineral, animal and marine sources. These drugs are used singly or in simple combinations or compounds, also otherwise referred to as polypharmaceuticals. The forms in which these are used are varied, like extracted juices, decoctions, infusions, distillates. powders, tablets, pills, confections syrups, fermented liquids, medicated oil, bhasmas (resultant of incineration) and many more.

The programme of Drug Standardisation is undertaken for working out analytical standards of pharmacopoeial importance for fomulations commonly used in therapeutics.

# Unani-Tibb Science Of State Of Health And Disease

1. **Introduction**

The Unani system of medicine has a long and impressive record in India. It was introduced in India by Arabs and Persians sometime around eleventh century. Today, India is one of the leading countries in so far as its practice is concerned. It has the largest number of Unani educational, research and health care institutions.

The system suffered a severe setback with the establishment of British rule in India. The Britishers pushed forward their own system of Allopathy. This brought to a halt all the education, research and practice of Unani system of medicine. All the traditional systems of medicine, along with Unani system, faced almost complete neglect during a period of about 200 years of alien rule.

Like every other thing of Indian culture, the Unani system of medicine saw the beginning of its revival during the freedom struggle.

After independence Unani system, along with other Indian Systems of Medicine, received a fresh boost under the patronage of the National Government and its people. Government of India took several steps for the all round development of this system. It passed laws to regulate and promote its education and training. It established research institutions, testing laboratories and standardised regulations for the production of drugs and for its practice.

**Principles & Concepts**

Avicenna, one of the greatest scholars of Unani-Tibb(medicine), has defined it as "Tibb is the science of which we learn the various states of body, in health and when not in health, and the means by which health is likely to be lost and, when lost, is likely to be restored."

The basic theory of Unani system is based upon the well known four-humour theory of Hippocrates. This presupposes the presence, in the body, of four humours viz., blood, phlegm, yellow bile and black bile. The human body is considered to be made up of the following seven components, each having a close relation to and direct bearing on the state of health of an individual. These components are:

Elements
Temperament
Humours
Organs
Spirits
Faculties
Functions

**Diagnosis**

The diagnostic process in Unani system is dependent on observations and physical examination. Any illness of a person is to be regarded as a product of:

* the stuff and material he is made of;
* the kind of temperament, structure and strength of faculties he has;
* the type of factors operating on him from outside; and
* the nature's own attempt to maintain his physical functions and to ward off all disruptions to the extent possible.

Keeping all inter-related factors in view, the cause and nature of illness is determined and treatment is chalked out. Diagnosis involves investigating the causes of disease thoroughly and in detail. For this, the physicians depend mainly on pulse reading and examination of urine and stool. Other conventional means such as inspection, palpitation, percussion and acultation are also used for diagnosis purposes.

**Therapeutics**

In this system the entire personality of a patient is taken into account. Each individual has got his own basic structure, physique, make-up, self-defence mechanism, reaction to environmental factors, likes and dislikes. Unani medicine has the following main types of treatment:

* Regimental therapy(Venesection, cupping, sweating, Diuresis, turkish bath etc.)
* Dietotherapy
* Pharmacotherapy
* Surgery

3. **Research** - Systematic research in Unani started in the year 1969 when Government of India established Central Council for Research in Indian Medicine and Homoeopathy. To further highlight the need and importance of research in Unani Medicine, a separate Council of Unani Research was formed in the year 1978. Since its formation, the Council is doing valuable work in fundamental and applied aspects. It has achieved important leads in its different research programmes, particularly in clinical research and drug standardisation. In addition, it has also done basic work in making survey of medicinal plants and screening of Unani oral contraceptive agents.

**Some Research Achievements**

* Clinical research being carried out on 17 diseases. Successful extensive studies on vitiligo and published a monograph.
* Significant research work on Sinusitis, infective hepatitis, Leucorrhoea, diarrhoea Eczema and malaria.
* Research studies to test scientifically the theory of humours and on the theory of cupping.
* Monograph on 'Physiochemical Standards of Unani Formulations' for 200 drugs published. A monograph on Standardisation of Single Drugs of Unani Medicine, also published.
* Survey of Medicinal plants - about 35,000 plant specimens collected and are being identified. A central Herb Garden and Museum developed.
* A handbook of common Remedies in Unani System published.

4. **Education**

In the earlier part of the 20th Century, the national leaders who were fighting for independence of this country made efforts for the revival of the traditional Indian systems of medicine. Education and training of physicians was their main focus. Hakim Abdul Aziz establised a Tibbi school at Lucknow in 1902. Hakim Ajmal Khan, who was a famous freedom fighter, started Ayurvedic and Unani Tibbia College in Delhi in the year 1916. This College was inaugurated by Mahatma Gandhi in 1921. Following this lead, a few rulers of Princely States also promoted education of this system of medicine by starting Unani teaching institutions in their States.

The Government created a Central Council of Indian Medicines by an Act of Parliament in 1971. This Council has formulated curricula and syllabi relating to the uniform standards of Unani education for under-graduate level. Besides the various subjects, specific to the system, some modern drugs and vaccines have also been included in the syllabi. The duration of the course is of 4 1/2 years, with an internship for one year.

At present there are 18 recognised colleges of Unani medicine, all affiliated to Universities. The total admission capacity of these colleges is 686 students per year.

Limited post-graduate education and research facilities are available in selected educational institutions. Total admission capacity 27.

5. **Providing Health Care Services**

Unani medicine is quite popular in most of the States.Besides the Government health care system,a large proportion of the services is provided by private practitioners, scattered all over the country. Thus Unani Medicine forms an important part of the national health care services. Unani treatment is being provided by about 28382 registered Unani practitioners. This is in addition to the services provided by Government service institutions.

The total number of Unani hospitals in the country is around one hundred. Out of these 93 are managed by Government agencies, while the rest are managed by non-governmental organisations. The total bed strength of all the hospitals is around 1356.

Presently, the total number of dispensaries in the country is 861. Out of this the number of Government dispensaries is around 688. The rest are being managed by private organisations and local bodies. In addition, there are a few Unani dispensaries which are providing health services to Government employees under the Central Government Health Scheme.

6. **Materia Medica**

Materia Medica of Unani Medicine consists of an extremely rich armamentarium of natural drugs derived from herbal, mineral and animal sources. These drugs are used singly or in compound forms, also called as polypharmaceuticals. The forms in which these are used are varied, like extracted juices, decoctions, infusions, distillates, powders, tablets, pills, syrups and liquids, etc. National Formulary of Unani Medicine containing 440 formulations has been prepared and published.

# Siddha System of Medicine

## 1. Introduction and Origin

Siddha system is one of the oldest systems of medicine in India. The term 'Siddha' means achievement and the 'Siddhars' were saintly figures who achieved results in medicine through the practice of Yoga. Eighteen 'Siddhars' seem to have contributed towards the development of this medical system. Siddha system's literature is in Tamil and it is practised in Tamil speaking parts of India. The system is also called Agasthyar system in the name of its famous exponent sage Agastha. This system of medicine developed within the Dravidian culture which is of the pre-Vedic period. The Siddha system is largely therapeutic in nature.

## 2. Basic Concepts

The principles and doctrines of this system, both fundamental and applied, have a close similarity to Ayurveda, with specialization in iatrochemistry. The difference between these two systems is more linguistic than doctrinal. According to this system, the human body is the replica of the universe and so are the food and drugs irrespective of their origin.

Like Ayurveda, this system believes that all objects in the universe including human body are composed of five basic elements namely, Earth, Water, Fire, Air and Sky. The food which the human body takes, the drugs it uses, are all made of these five elements. The proportions of the elements present in the drugs vary and their preponderace or otherwise is responsible for certain actions and therapeutic results.

As in Ayurveda, this system also considers the human body as a conglomeration of three humours, seven basic tissues and the waste products of the body such as faeces, urine and sweat. The food is considered to be basic building material of human body which gets processed into humours, tissues and wastes. The equilibrium of humours, body tissues and waste products is considered as health and its disturbance or imbalance leads to disease or sickness.

This system also deals with the concept of salvation in this life. The exponents of this system consider achievement of this state is possible by medicines and meditation.

## 3. Diagnosis and Treatment

The diagnosis of disease involves identifying its causes. Identification of causative factors is done through the examination of pulse reading, urine examination, examination of eyes, study of voice, colour of body, examination of the tongue and status of the digestive system of human body. The system has worked out detailed procedure of urine examination, which includes study of its colour, smell, density, quantity and oil drop spreading pattern. Diagnosis involves the study of person as a whole as well as his disease.

The Siddha system of medicine emphasises that the medical treatment shall be oriented not merely to disease but has to take into account the patient, his environment, the metereol ogical consideration, age, sex, race, habits, mental frame, habitat, diet, appetite, physical condition, physiological constitution, etc. This means the treatment has to be individualised with far less chances of commiting mistake in diagnosis or treatment.

# Traditional Medical Systems practised in other Asian Countries

## THE CHINESE SYSTEM OF TRADITIONAL MEDICINE

Traditional Chinese medicine is a great treasure-house with profound experience and knowledge accumulated through thousands of years. It has a theoretical system of its own. The human body is considered as a single entitiy, all the organs being interrelated functionally and pathologically in the case of disturbances. The traditional Chinese concept of the universe conceives of the elemental foces yin-yang and wuxing as being in harmonious balance. Yin and yang are seen as opposing and interlocking dynamic forces which complement each other and remain in a state of permanent change. Excesses create imblanace and consequently disease. All branches of traditional Chinese philosophy, including medicine, are dominated by this concept of the harmonious balance of elements.The doctrine of yin-yang, together with the influence of wuxing, the five elements-wood, fire, earth, metal and water-are factors in this balance.

The concept of zang fu (interanl organs) and jing luo (channels and collaterals) is another factor. The twelve meridians bear the names of twelve organs associated with the flow of qi, a vital force that circulates in the human body through the meridians. IT is believed that the continuous and undisturbed flow of qi promote health and that, should the flow be broken at any point, one organ will have an excess of qi while another will be deficient. Acupuncture at particular points along the twelve meridians aims to restore the flow of qi. Further, it is believed that, by stimulating the appropriate meridian, yin or yang can be stimulated. Numerous herbs are thought to be imbued with special properties which help to restore the balance when disturbance, manifested as illness, occurs. For example, herbs may be prescribed to make up a deficiency of yang or to aid the fire element against the water element. An inspection of any traditional Chinese pharmacy reveals the vast number of drugs from plants, animals and minerals, which are selected for use under various conditions.

Chinese medicine has been much concerned with prevention as well as treatment. Therapy often resorts to modification of the patient's diet, surroundings and associations. In clinical practice, the principle of bianzheng shizhi or the determination of treatement according to different conditions, is stressed. Early diagnosis and management of organic disease are also accorded considerable importance. Hygienic principles proscribing unwholesome or uncooked food and unboiled water and encouraging regular bathing have from the earliest times sought to deal with environmental health problems. Besides herbal medicine and acupuncture, many other types of treatement are also widely used, e.g. bonesetting, breathing exercises, cupping, massage and manipulations.

It is generally recognized in China that some of the most important modern medical developments can be credited to early traditional practitioners. For example, the relationship of endemic goitre to drinking water was known and described in China well over 2000 years ago and there are records of the administration of seaweed rich in iodine to cure goitre. Diabetes was also a recognized and clearly described disease at that time. Herbal anaesthesia was first used in performing abdominal operations by Dr Hua To in the 2nd century of the present era by mixing herbal powder with wine.

**Traditional medicine in China today**

The integration of traditional medicine with Western medicine is one of the major policies in China's national health development. Great efforts have been made towards the development of an integrated system of new medicine.

Doctors of Western medicine are encouraged to learn traditional medicine, while doctors of traditional medicine learn the strong points of Western medicine. Young and middle-aged doctors are assigned to assist and learn from veteran traditional physicians. All of them aim to inherit and systematize the rich experience of traditional medicine and to explore and raise it to a higher level. Most health workers at various levels have been trained to use both systems for the prevention and treatment of diseases, particularly in the rural areas.

China recognizes that the scientific achievements of modern medicine like those of traditional medicine, began with very simple methods of treatment, and developed through empirical experience. In both systems, herbs minerals or insects were commonly used for their observed pharmacological properties. As time went on, early medicine was gradually replaced by a more scientific discipline, based on new theories and following new methods of investigation. The invention of microscopy opened a new era in physiology, pathology and related sciences. Advances in biochemistry led to the development of endocrinology, synthesis of hormones and other drugs of great potency, and modern laboratory methods made possible the detection of minute quantities of hormones, drugs or other subsstances in blood, tissue and body fluids. A similar development pattern is now being used in the scientific study and development of Chinese traditional medicine and links are being forged between the two systems. Much progress has already been achieved in theoretical studies of traditional medicine, applying moder scientific research.

The concept of yin and yang has been, for many, difficult to accept, just as humoral theories of health and disease have been largely abandone by modern medicine. However, some work has been performed in China in an attempt to find a scinetific basis for yin and yang by animal experimentation. In one study, groups of mice were given cortisone in high dosage, with severe effects on protein metabolism and general health. Other groups of mice received similar dosage of cortisone plus decoctions of yang-stimulating drugs and were found to remain in good health. Control groups to which both cortisone and modern anabolic drugs were administered presented a better picture than the first-mentioned experimental group but were more adversely affected than the groups given the yang-stimulating drugs.

Chinese endocrinological research in humans has also suggested that hormones and enzymes with mutually antagonistic characteristics may play a part in physiological imbalance and disease.

Good results have also been noted in clinical and laboratory studies of some principles of treatment in traditional medicine. For example, by using the principle huoliueh huahu (Invigoration of ciruclation to relieve blood stasis), remarkable improvements have been observed in the treatment of coronary heart disease, scleroderma, rheumatoid arthritis, etc.

**Acupuncture**: From ancient times, acupuncture treatment has been widely used in China. More than 300 diseases can be treated by acupuncture and moxibustion, of which about 100 show marked therapeutic results. The mechanisms of its functioning have been systematically

studied and are now better understood. Acupuncture anaesthesia is estimated to have been used in about 2 million surgical operations. Effective surgical anaesthesia is achieved in 20-30 kinds of operative procedures.

Standardization of technique and terminology is being actively promoted in the practice of acupuncture and moxibustion. Variations in nomenclature and in anatomical description of meridians and acupuncture points have been common both within China and in countries where Chinese traditional medicine is extensively practised. Research projects are now being pursued with WHO technical collaboration to establish an internationally agreed nomenclature.

**Herbal drugs:** Major research programmes are also being directed towards the study of traditional herbal drugs, particularly by evaluation of therapeutic effects and scientific promotion of the production of known pharmacologically active preparations.

Continuous study of medicinal plants and research into traditional Chinese and folk medicine have carried out in China so that the resources of herbal medicine and other traditional therapeutic procedures can be better documented and more fully utilized. Studies are also being undertaken on the cultivation of medicinal plants. Crude extracts are first made to test clinical effects as it has often been shown that the therapeutic effect of a total extract is more pronounced than, and quite different from that of a single constituent.

Besides the traditional medical practices using Chinese medicines which are recorded in ancient pharmacopoeias and otherclassics there is also a great deal of scattered knowledge in folk medicine which utilizes unrecorded medicinal plants of different localities. Certain findings arising from clinical practice have given rise to investigations with a view to generating an understanding of new drugs which may be used clinically in the future. Research institutes also seek to isolate active principles and elucidate their structure and biochemistry so that active constituents present in small amounts in a herb can be synthesized.

A notable development in recent years has been the development in China of training programmes in the English and French languages for foreign students. Many physicians and other health workers from all over the world have attended these courses in China with the assistance of United Nations Development Programme and WHO. Study tours within China demonstrating traditional medicine at work in all its forms have also been provided for senior health officials from many countries.

Traditional Chinese medicine certainly deserves attention and high priority. it contains some scientific elements which will surely make a contribution to mankind if we conscientiouly explore and systematize it by modren scientific method and technology. A more realistic policy is required to protect and develop the system instead of discriminating against it or trying to eliminate or replace it. Only thus can traditional Chinese medicine develop and progress. The integration of the two systems requires carful study. These two schools of medicine should be mutually supporting and complementary and there should be no strife. Traditional medicine could then contribute more to the welfare of mankind. Much has already been gained from traditional Chinese medicine in the field of public health and in the development of medical science. We would like to share this experience with all interested health workers.

It is encouraging to note that more and more countries have become interested in traditional Chinese medicine. One hundred and fifty scientists and doctors from 34 countries and territories attended the Symposium on Acupuncture and Acupuncture Anaesthesia held in Being in 1979 and this kind of international activity will no doubt increase.

What are the future prospects of traditional Chinese medicine? An analysis of our 30 years' expereience tells us that traditional Chinese medicine will continue to develop steadily through the judicious application of modern science and technology. The combined treatment of certain intractable conditions such as malignant tumours, cardiovascular and degenerative diseases and senility is likely to be more efficacious. The non-surgical treatment of certain diseases such as acute abdominal conditions will be popularized so that it can alleviate patients' suffering and reduce medical expenditure. At the same time the mechnaism of its therapeutic effect and basic theory will be further elucidated. Cosnequently, the integration of Chinese medicine and Western medicine has a particularly bright future.

Science and technology are the common wealth of mankind. Traditional Chinese medicine is an old and yet quite a young science, and its development and improvement naturally require the common efforts of scientists all over the world. Traditional Chinese medicine will always have an important role in the cultural exchange between the Chinese people and the people of other countries. Let us carry on the exchange and the cooperation our ancestors initiated!

**The status of the major systems of traditional medicine in the South East Asia Region**

The major systems of traditional medicine being practised in Region can be classified as a) formalized systems of indigenous medicine which include Ayurveda, Siddha, Unani-Tibbi, the Chinese system of medicine, the amchi(Tibetan) system of medicine and Burmese, medicine and b) non-formalized, traditional systems of medicine practised by herbalists, bonesetters, practitioners of thaad (element system), home remedies and spiritualists. In addition, yoga, nature cure and homoeopathy are being practised in some countries including Bangladesh and India. Almost all the countries have recognizd the tradtional systems of medicine and are making efforts to utilize the practitioners in their health care delivery programmes. There are at present 750 000 practitioners of traditional systems of medicine in the Region. The status and functioning of these systems of medicine in each of the countries are briefly indicated below.

## BANGLADESH

There are mainly two systems practised in the country, Unani and Ayurveda. A board has been set up for issuing registration for maintaining the standard of the teaching institutions and for encouraging research. There are over 5000 registered practitioners in addition to about 3000 unregistered practitioners. Only 540 practitioners are institutionally qualified; there are four institutions which impart training in Unani and Ayurvedic systems of medicine.

These institutes offer a four-year diploma course with an intake of 50 students per year in each institute. There is a research institute for conducting research on drug action and on common diseases such as asthma. There are no government dispensaries; there are only two ayurvedic dispensaries run by the Zila (district) Boards.

About 14 pharmacies manufacture ayrvedica medicines worth over one crore Takas (one crore takas = US $ 1250000) each annually. Two Unani Pharmacies manufacture medicine worth slightly less than one crore Takas each. These pharmacies produce about 500 items of ayurvedic and 250 items of Unani medicines.

## BURMA

Nearly 30 000 traditional medical practitioners provide medical care to abotu 85% of the country's population. an indigenous medical institute and hospital is run by the government as well as 34 dispensaries devoted to indigenous medicine which operate in different parts of the country.

There are 11227 trained and about 22000 non-institutionally trained practitioners in the country in addition to about 43000 birth attendants. The Government believes that the development of indigenous medicine will gain momentum through its proper utilization in community medicine activities along with modern medicine.

## INDONESIA

The traditional practitioners in Indonesia are the sukun bayi and traditional healers who mostly use herbal medicines in their treatemetn. A school of traditional medicine is run by the Govenment. A directorate for the control of traditional drugs has been established and research into the use of these drugs is also being conducted in the pharamcology departments of medical scholls and in he schools of pharmacy functioning in the country. The Ministry of Health has registered 25 pharmaceutical companies producing traditional drugs. The Government recognizes that there is a great body of knowledge available among traditional healers on the treatement of various diseases and also for promoting health.

## JAPAN

Traditional chinese medicine has been practised in Japan for over 1000 years and has, like Vietnamese medicne developed its own national variation (kampo). It has gained strength in recent times parallel with the development of modern medicine. Reasons for this increased popularity seem to include a widespread feeling that kampo drugs are free from the adverse side effects which are known sometimes to follow modern drug therapy. also the very personal approach of the kampo practitioner is attractive to patients, whereas the increasing specialization of modern medicine and its advanced technology are less supportive to Japanese psychological needs in health and disease. In Kampo medicine, great importance is attached to the patient's complaints and concerns and not so much to precision of diagnosis.

In recent years, traditional drugs have been extensively studied in Japan using the methods of the natural sciences. Japanese scientists have also been interested in electrophysiological relationships between the meridian system of acupuncture and the pathophysiology of internal organs. As in China, significant findings are emerging from these studies, some of which tend to support the practical eveyday expereicne that therapeutic results follow the use of traditional methods in a number of conditions.

Practitioners of kampo medicine in Japan must first be licensed in modern medicine. Acupuncturists are however permitted to practise without medical licensure and are viewed as allied health professionals. A proportion of them are blind as acupuncture has been viewed as a suitable occuption for the blind.

## REPUBLIC OF KOREA

Three universities provide formal training in traditional medicne and more than 3000 practitioners are licensed. Their practice is widely recognized although they do not form part of the governmental health care services. Very great reliance is placed on herbal medicine for the prevention of many degenerative diseases such as gastrointestinal disorders and hypertension. A regionwide revival of interest in Korean traditional drugs has led to modernization of the production of many of the older preparations. Manufacturing enterprises now produce pills and other convenient forms of traditional medicines for both the home and export market.

## MALAYSIA

Traditional Chinese medicine in Malaysia follows the classical concepts and therapeutic practices, including acupuncture, moxibustion and the therapeutic use of numerous herbs and some products of animal origin. Modernization of drugs and other research developments are closely followed by chinese physicians in Malaysia. Medicinal teas are very popular for sickness prevention. The dispensing of drugs is carried out by a variety of people, including street "tea sellers", herbalists and trained Chinese physicians. Patients usually view the various medical systems available in Malaysia including modern medicine, as complementary rather than antagonistic, and move freely from one system to another in their search for relief and cure. This is particularly so for those suffering from severe or chronic illness, regardless of ethnic background.

Four year training courses for Chinese medicine practitioners are freely available in Malaysia and four schools of traditional medicine are available for this purpose.

## RURAL MALAYSIA

While the majority of the population are Malay (46.8%) or Chinese (34.1%) the nation is characterized by wide ethnic diversity. A similar diversity of traditional medical systems also exists, including Malay, Indian and Chinese folk medicine.

Traditional Malay healers (bomoh) and traditional birth attendants use a variety of therapies, which can be classified in four groups. The first group includes simple rituals such as incantations and spells to identify the cause of sickness, most often of a supernatural nature, and to exorcise it. In the second group are more elaborate rituals or psychodramas in which the healer, the patient and assistants as well as musicians perform a play, helping the sick person to organize his chaotic symptoms into an orderly pattern. The third category inludes the use of herbs, of which there are many, and the last group includes physical therapies such as bonesetting cupping, labour manangement and postpartum care. Epidemic illnesses are dealt with by elaborate community ceremonies, sacrifices and special offerings to the spirits.

Among the Indian community in Malaysia, extensive use is made of the various systems of Indian traditional medicine Ayurveda, Unani, Siddha and homoeopathy, but Ayurveda is perhaps the most common. Indian traditional medicines are imported into Malaysia from the many manufacturing pharmacies in Inda.

Unlike the numerous and varied healers practising folk medicine in the philippines and Malaysia, practitioners of Ayurveda and the other Hindu healing systems receive lengthy formal training in colleges in India, most of which are affiliated to universities. Qualifications for

admission are similar to those required of medical students. In addition to lengthy basic trainig, postbasic institutions also exist, particularly for Ayurveda.

Malaysia is thus of special interest as it possesses two of the three great systems of traditional medicine (Arabic, Hindu and Chinese) as well as an extensive network of folk medicine and village healers.

## PAKISTAN

In Pakistan Unani Tibb (traditional medicine)is accepted by the Government as a State system that exists alongside "modern" medicine. Unani medicine originated in Greece and travelled later to Arabia and Asia. In Pakistan it has 36,000 practitioners, 2,000 of them women, who are graduates of Tibbi colleges and cater to the entire rural population of Pakistan as well as many people in the cities.

The Unani system was recognised by the Government of Pakistan through an Act passed in 1965. There are nine Tibbia (medical colleges) in the country; the one in Karachi is named Hamdard Tibbia College (College of Eastern Medicine). About 350 hakims (traditional doctors) qualify from these colleges each year.

The Government has also approved the creation of a National Council for Tibb, similar to the Medical Council for allopathic medical systems. This Council regulates and maintains standards, conducts examinations and approves the four-year syllabus of education. The courses include the history of medicine, pharmacognosy, anatomy, physiology, psychology, community medicine, microbiology, minor surgery, infectious diseases, gynaecology and paediatrics. Women students are routinely sent to the Maternity Hospital for six weeks' practical training in midwifery.

In the field of mental health, it is clear that our mental equilibrium can become disturbed if too many contradictory demands are made of us. Lack of creature comforts in the face of growing competition for a livelihood, the impact of foreign cultures and the creation of false needs, loss of faith and distorted view of the established norms and values - all these are among the factors which may disturb the mind. These causes can be grouped together under the general rubric of socio-economic imbalances, since discontent with one's situation in life is the greatest single reason for mental torture.

But no man is an island in our present-day world society. One country's inventions and discoveries soon find their way to another. Values and needs become elastic. The voice from the pulpit becomes ineffectuTal in such a deafening din of so many other and loud voices.

The result is a growing sense of discontent, and there may. well be many more people today suffering from one kind of mental ailment or another than ever before. "Modern" medicine believes that the needed relaxation can only be provided by such chemical compounds as are found in tranquilizers and soporifics. But chemical compounds create their own actions and reactions, and the situation is aggravated further by the abuse of modern drugs. This problem is shared equally by the Western and Eastern worlds. Its solution must therefore be found by their joint efforts.

In such a confusing world, the traditional healer, with his traditional tools of cure, stands at a point of vantage. His materia medica is safe from side-effects, since most of his medicines come from the world of nature. They have been traditionally tested on several generations of his people. The healer not only puts his trust in medication; he also derives support from his faith and religion, having a close association with his mosque, temple or church.

In Pakistan, we are anxious to give recognition to the fact that the human body is not simply a chunk of flesh, but that it is a combination of body and soul. We try to see that the physician or the traditional healer, not only gives due importance to his faith or religion, but also that he practises it and is worthy of trust.

The skill of the traditional dai (or birth attendant) is very ancient and probably antedates that of the physician. There are dais who have traditional obstetrics as a family profession. They have traditional methods for encouraging labour and traditional techniques for normal and difficult births. They may not be well-versed in modern hygiene, pre-natal and post-natal care, but the fact that they are still respected for their skills by village communities speaks volumes. In villages where modern male doctors are few and modern female doctors none, these traditionally skilled dais have been serving the most primary need of societies for centuries on end, and many of them are highly skilled.

Of course, village communities and poor people have a right to modern medical care. The old traditional skilled midwife has to be initiated into hygienic practices so as to minimise suffering and fatality through bacterial infection and so forth. But if Health for All by the year 2000 is to be made possible, programmes must be devised whereby even more use is made of the useful traditional midwife.

About two-thirds of the population of Pakistan live in rural areas, where modern health facilities are not available, and the traditional system of medicine is well accepted. Hakims who reside amongst the local community have wielded a considerable influence on individuals, thanks to the benevolent character of the services which they have offered to the community over the ages. Some of the research studies conducted locally have established that single ingredient and compound ingredient prescriptions have indeed contained anti-fertility properties. Traditional medicine may yet provide contraceptive technology with some new chemical substance. The Unani Tibb system includes many contraceptive prescriptions of differing kinds which have been and are still being used.

## PHILLIPINES

The value of medicinal plants (herbal medicines) is acknowledged by the Government and the use of bioassayed local medicinal herbs is being promoted nationally as part of the effort to reduce dependence on expensive imported durgs and thereby reduce the cost of medicines to the State. To ensure that sufficient emphasis is placed on this, the Ministry of Health is planning a Bureau of Herbal Medicines. In the meantime, rural health units and barangay health stations have begun to establish smll medicnal plant gardens.

Helaers in the Philippines practise a number of skills; they include hilots (traditional birth attendants), herbolarios (gerenal healers) faith and other quasi-religious healers, acupuncturists and acupressure practitioners, and medicos (healers who combine the traditional system of healing with modern medicine).

Herbolarios : The herbolario is the Philippine "general practitioner" of traditional medicine and is well versed in the use of medicinal plants. He performs procedures for diagnosis and treatment and deals with both natural and supernatural illnesses. Unlike the hilots, herbolarios have never been nationally surveyed or trained under government auspices, and much less is known about their training, backgrounds or practice. Nevertheless, it is estimated that there are about 100000 herbolarios in the Philippines. About 50% of the population is thought to utilize the herbolario before consulting a modern physician. Herbolarios are known to refer patients to one another as well as to modern physicinas. They do not usually keep consultation hours and are on call throughtout the day and night. They do not charge fees but accept token gifts and cash according to the means of the patient and family. They may diagnose and treat patients at a distance,on the basis of the history supplied by a relative. some herbolarios rarely use herbs but tend to rely on special oils used for anointment, accompanied by prayers and the laying on of hands. There are no official plans to register or train herbolarios and attach them to existing health teams.

Faith healers and other quasi-religious healers: many faith healers practise in the philippines. A small elitist group is located in the mountains in and around Baguio catering largely for foreign tourists. The Majority of faith healers cater for the local population; they are estimated to number about 1000. They vary in their styles of practice, some performing psychic surgery and psychic anaesthesia for dental extraction. Nearly all claim supernatural powers. The majority are full-time practitioners and will attend to all illnesses, particularly the chronic and "incurable".

There is no official recognition of faith healers and other quasi-religious healers, nor are there plans to utilize them.

Acupuncturists :

The Professional Regulation Commission of the Philippines has rules that acupuncture may be performed only by trained physicians and then only for research. A number of physicians, both private and governmental, have received training in acupuncture, However, ethnic Chinese in Manila and else where have always practised acupuncture and continue to do so although their practice is restricted to other ethnic Chinese. In accordance with the ruling of the Professional Regulation commission, they may not legally practise acupuncture for other patients.

Medicos :

In certain places, the people use this Spanish word to describe healers who combine traditional and modern medicine. Many were peasants who started as herbolarios and susbsequently received some basic training in modern medicine, perhaps while they were medical orderlies in the army. There are no clear estimates but they are thought to number several thousands in certain parts of the Philippines. About half of their prescriptions comprise solely modern medicines, the remainder being either traditional medicines or a combination of the two officially, the use of modern medicnes, particularly antibiotics, by medicos is not permitted.

## SRI LANKA

There are three traditional systems of medicine -Ayurveda, Siddha and Unani-being practised by 3500 institutionally trained and 14,700 non-institutionally trained physicians. There is a Government Ayurvedic College, which provides five years of systematic education to about 150 students every year. Research activities have been conducted at the Bandaranaike Ayurvedic

Research Institute since 1962. There are four Government ayurvedic hospitals, four dispensaries and 240 ayurvedic dispensaries run by the local governmnt institutions. The practice oftraditional medicine is controlled by an Act. Drugs are being produced by several establishements on a commercial scale.

The traditional system of medicine in Sri Lanka meets the basic health needs of about 70% ofthe population. Most of the traditional physicians run their dispensaries in their homes; a few are employed by the Governmnent or by local government authorities as specialists in hospitals. Some 80% of patients live wihtin about 10 Kilometres of their dispensaries.

## THAILAND

In Thailand all the 35000 traditional practitioners are registered. There are no. recognize training institutions. Traditional practitioners are, however, trained by a few professional associations. These practitioners are not utilized by the Government for delivering health services at any level in the cotnry. The Government is pursuing several research projects to study the action of various medicinal plants available in the country.

## VIET NAM

The system of taditional healing which is extensively practised in Viet Nam was derived from Chinese medicne but has been modified over the years to include a large local herbal formulary and Vietnamese methods of diagnosis and physical therapy. A special form of gymnastics is also in use.

Government policy is to integrate traditional and modern medicine and an intensive research programme has been mounted to identify and test useful traditional healing methods in the nationalhealth care delivery programme. About 20000 traditional healers are recognized by the health services and many clinics and hospitals have been established both in urban and rural areas. A proportion of beds in modern hospital has been reserved for traditional therapy. Traditional medicine is taught in all six faculties of medicine in Viet Nam and, in addition, ther are a number of national and provincial institutions providing lengthy courses in traditional medicine. In the provision of traditional health services, priority has been assigned to the common acute diseases,

but extensive use is also being made of traditional methods in treating chronic diseases, such as collagen diseases and asthma, which are often resistant to modern medical treatment. Wide use is also being made of acupuncture for surgical anaesthesia.

More than 1000 indigneous plants are known to be pharmacologically active. Studies of their geographical distribution, cultivation and active constituents, and of therapeutic experience concerning them are being carried out. To promote the production of useful medicinal plants identified by these studies, 5000 gardens have been established. Many pharmacies prepare and distribute plant preparations, although standaridization of products is not yet established. Much of this research work is being carried out by the National Institute of Vietnamese Traditional Meicine, which has been functioning since1961. It has a large staff and a considerable budget, which enables it to undertake large-scale research in clinical application, pharmacology and production methods. A second research institution was opened in HO Chi-Minh City in 1975.

Extracts from "Traditional Medicine and Health care coverage" a WHO publication

**MANUFACTURERS**
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A LEADING NAME IN AYURVEDIC MEDICINES

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